

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		<b>Application Number</b>	10/586,847- Conf # 1554
		<b>Filing Date</b>	August 31, 2007
		<b>First Named Inventor</b>	Manin
<b>Title</b>	SYSTEM FOR SEISMIC EXPLORATION A SUBMERGED SUBSURFACE INCLUDING IMPLANTED BASES		
		<b>Art Unit</b>	2832
		<b>Examiner Name</b>	Not Assigned
		<b>Attorney Docket No.</b>	HO-CGGV.P0017US

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

26271

OR

 I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name
--------------------------	-------------------------

Address			
City	State	Zip	
Country	Telephone	Email	

I am the:

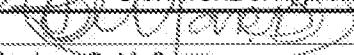
 Applicant/Inventor.

OR

 Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	18 FEB 2011
Name	Marcella G. McQuay	Telephone	732-247-8181
Title and Company	Authorized Signer, CGGVeritas Services SA		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below*.			
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.			

**POA or Authorization of Agent**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: March 14, 2011

Signature: /Svitlana Anderson/ Svitlana Anderson